

**Commonwealth Council on Childhood Success
Health and Well Being Workgroup
December 12 Meeting Notes**

Welcome and Introductions

Lisa and Catherine introduced themselves as the Co-Chairs, and then everyone else introduced themselves.

In Person Attendees:

Catherine Hancock, DBHDS Early Intervention Coordinator (Co-Chair)
Lisa Specter-Dunaway, Home Visiting Consortium (Co-Chair)
Johanna Schuchert, Prevent Child Abuse Virginia
Ipek Taffe, The Planning Council
Amber Haley, VCU Center for Society and Health
Emily Keenum, Health Initiative Coordinator, VECF
Cristy Gallagher, Parent Representative from NAMI Virginia
Marty Kilgore, VA Foundation for Healthy Youth
Becky Bowers-Lanier, VA Association of School Nurses
Linda Redmond, Virginia Board for People with Disabilities
Katherine Libby, VA Oral Health Coalition

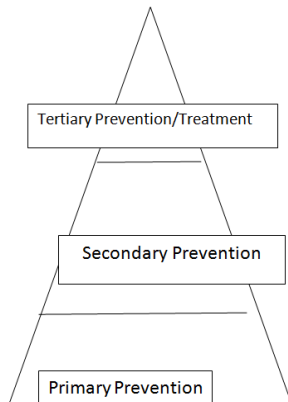
Conference Call Attendees:

Marissa Levine, Dept of Health Commissioner
Michele Chesser, Joint Commission on Health Care

Discussion of Scope and Timeline for the Workgroup

Lisa and Catherine discussed the timeline for the workgroup, which will provide a status update to the full Council on January 15th and must have final recommendations prepared for the full council in May, as a final report is due to the Governor on June 1.

The group discussed two aspects of children's health that are the focus of work in other venues, specifically mental health and oral health. They then heard briefly about the current DBHDS behavioral health transformation teams and from the Oral Health Coalition about their work on early childhood. The group decided to continue to hear from these groups but not spend a prolonged amount of time on either of these issues.



Overview of Social Determinants of Health, Racial Disparities and Poverty in the Commonwealth

Lisa began the conversation with a discussion of the three levels of interventions: primary, secondary and tertiary.

Tertiary: fewer people, most expensive, treating complications once they've occurred, ie NICU; helping families after a child experiences abuse; Medicaid money is focused here rather than prevention.

Secondary: efforts for at risk populations not universal interventions, screening for high risk behaviors.

Primary: population measures, lowest cost per capita, slower ROI, harder to sell, seeing outcomes and collecting data is most difficult here, despite lots of research to demonstrate efficacy. I.e.: resource,

teaching for all parents on parenting.

Members then went around and provided a bit of background on the types of work their organizations do in each of these three categories. Notes from those updates are below:

Prevent Child Abuse VA: All three levels of interventions. Tertiary: prenatal screening; intervening with families at risk of poor outcomes for child welfare. Secondary: helping those at risk of poor outcomes. Primary: resources and teaching for all parents on parenting.

VCU: Their work is focused on the social and community factors and balancing those with health needs. Goal is to appropriately target populations and ages for interventions.

School nurses: help coach and manage conditions, prevent complications, surveillance for risk.

VA Foundation for Healthy Youth: primary prevention focus, neighborhood based

VA Board for People with Disabilities: fund early intervention projects

Norfolk Planning Council: chronic disease prevention, eliminating hunger, school readiness

VA Dept of Health: All about prevention. How and where changes need to take place. Look at data and focus on priorities and regional differences. Interested in primary prevention, but need to demonstrate better success in language decision makers can understand.

Joint Commission on Health Care: Focus is on legislative and policy changes outside this pyramid

Autism Society: Data supports earlier interventions, moving in that direction

Discussion of Survey Results and Workgroup Priorities

The group then briefly discussed the results of the Google Survey which was circulated to members prior to the meeting ([available online here](#)).

It was noted that quality of services vs. quantity of services is another layer of consideration.

There was also a bit of discussion on data and the need to make data driven decisions but not always having the right data for those decisions and the tension between short and long term data results.

Planning for January Meeting

The group agreed to meet for 2 hours before the next full Council meeting. In the interim another Google survey will be circulated to collect additional reports and/or recommendations relevant to this work; and for input from members on the following:

- Where is the good data? Where are we lacking data?
- What are the best practices in your field?
- What work has been done to quantify service ability, gaps and assets?